Q6: Is support based on the principles of psychological first aid better (more effective than/as safe as) than no intervention for people in acute distress recently exposed to a traumatic event?

Background

Many guidelines caution against doing nothing shortly after traumatic events, arguing for the delivery of supportive, practical and pragmatic input in a supportive and empathic manner (IASC, 2007; NICE, 2005; Tents, 2008). Such approaches do not resemble psychological treatments, in contrast to most of the early interventions that have been subjected to randomized controlled trials. They are psychosocial with key social elements that address people's basic needs and concerns.

Psychological first aid (PFA) has become very popular and is increasingly used and recommended (IASC (2007); National Child Traumatic Stress Network and National Center for PTSD (2006); NATO (2008); NICE (2005); NIMH (2002); Sphere Project (2004); Tents (2008); WHO (2003)). The caution against the use of individual psychological debriefing has fuelled the popularity of PFA. A variety of similar, overlapping definitions of PFA exist (see WHO commissioned systematic review by Bisson & Lewis (2009)). The Sphere Handbook (2004) describes PFA as: "basic, non-intrusive pragmatic care with a focus on: listening but not forcing talk; assessing needs and ensuring that basic needs are met; encouraging but not forcing company from significant others; and protecting from further harm." PFA is very different from psychological debriefing in that it does not necessarily involve a discussion of the event that caused the distress (IASC, 2007). Support on the principles of PFA is a form of support that may be delivered by professionals and non-professionals alike after a brief orientation.

Population/Intervention(s)/Comparator/Outcome(s) (PICO)

Population:	adults exposed to a traumatic event in previous 2 weeks
Interventions:	support based on the principles of psychological first aid
Comparisons:	no intervention
Outcomes:	post-traumatic stress, anxiety and depression symptom severity post intervention (1-3 months after intervention) and at follow-up (+ 6 months after intervention
	adverse effects

Search strategy

A review was commissioned (Bisson & Lewis, 2009). Using the search terms 'psychological first aid' and 'PFA' the 16 widely used online bibliographic databases listed in the Table were searched.

Table: Online bibliographic databases searched

AMED (Allied and Complementary Medicine)
ASSIA (Applied Social Sciences Index and Abstracts)
British Nursing Index and Archive
CINAHL (Cumulative Index to Nursing & Allied Health Literature)
Cochrane Central Register of Controlled Trials (CENTRAL)
Cochrane Database of Systematic Reviews (CDSR)
EMBASE (Excerpta Medica)
HMIC (Health Management Information Consortium)
ISI Science Citation Index
ISI Social Sciences Citation Index
International Bibliography of the Social Sciences (IBSS)
MEDLINE
MEDLINE In-Process & Other Non-Indexed Citations
PILOTS
PsychINFO
Sociological Abstracts

The search yielded 779 citations which were imported into EndNoteX1 reference management software. Removal of duplicates resulted in 516 abstracts for consideration. These were scrutinized one by one to ascertain potential relevance. 298 were removed on the basis that they did not relate to PFA or disaster response. This left 218 abstracts for more in depth consideration. Of these only 74 were directly related to PFA and none contained any data. These articles provided description, commentary, expert opinion or discussion of PFA. This search revealed no RCTs, observational or any other empiric study of PFA.

The review by Bisson & Lewis (2009) also searched for risk factors of post-traumatic stress disorder (PTSD) in the epidemiological literature to determine any indirect evidence for PFA. Databases listed in the Table above were searched using the terms 'PTSD', 'Post traumatic stress disorder' and 'traumatic stress' combined with the terms 'predictors', 'risk factors', 'resilience' and 'protective' limited only to 'reviews'. The search identified "lack of social support post trauma" as one of the correlates with the developing PTSD after trauma. It is noted that this type of data from epidemiology provides a rationale for PFA but is far from direct evidence that PFA works.

Additional information

An evidence-informed narrative review on early interventions exists: Hobfoll et al (2007). The review recommends 5 interventions: 1) promoting a sense of safety, 2) promoting calming, 3) promoting a sense of self- and community efficacy, 4) promoting connectedness, and 5) hope. The second (promoting calming) element and the fourth element (connectedness) are in line with PFA.

With regards to promoting connectedness, the review points out that following attacks on civlians in New York and Israel, one of the most common coping responses was to identify and link with loved ones (Bleich et al, 2003; Stein et al, 2004). Also, it reminds that delay in making connections to loved ones was a major risk factor following the London bombings of 2005 (Rubin et al, 2005).

With regards to promoting calming (a key feature of PFA, which involves asking people about their present needs and concerns, rather than about what happened), the review cites indirect evidence that extremely high levels of emotionality, even during immediate post-trauma periods, may lead to panic attacks, dissociation and eventually PTSD: The review also draws attention to studies in which heightened heart rate in the early post–trauma phase was associated with long–term PTSD symptoms (Bryant et al, 2003; Shalev, 1999).

Evidence of expert consensus on PFA is strong. A recent Delphi study of over 100 experts, performed to develop the European Network for Traumatic Stress's (TENTS) Guidelines on psychosocial care following disasters, found strong consensus that, despite the absence of direct evidence, social care should be provided for those involved in disasters (Bisson et al, under review; see http://www.tentsproject.eu). The TENTS (2008) guidelines advocate the provision of practical help and pragmatic support in an empathic manner. These recommendations are consistent with the principles of PFA and are supported by the findings of the above systematic review of systematic reviews of predictors. Other expert consensus based documents - like the consensus-based IASC Guidelines (2007), the consensus-based Sphere Handbook (2004), and the consensus-based NIMH (2002) recommendations - all recommend PFA. The US-based National Child Traumatic Stress Network and National Center for PTSD (2006), WHO (2003) and NATO (2008) all recommend PFA as well.

Reference List

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WHO (2003). Mental Health in Emergencies. Mental and Social Aspects of Health of Populations Exposed to Extreme Stressors. Geneva: World Health Organization.

From evidence to recommendations

Factor	Explanation
Narrative summary of the evidence base	There is an absence of any direct evidence for or against PFA. There is indirect evidence for some of the components of PFA
Balance of benefits versus harms	Evidence of any benefits is very weak. It either comes in the form of evidence of expert consensus (established through Delphi) or from indirect, cross-sectional epidemiological data. No data are available for adverse effects. There is no information on potential harm through PFA, although consensus is that there is unlikely any harm.
Define the values and preferences including any variability and human rights issues	There is extensive evidence of expert consensus on PFA. The key concern with anxiety after potentially traumatic events is the inappropriate use of psychological debriefing leading to increased costs of care and potential iatrogenic problems. Providing a consensus-based alternative intervention to psychological debriefing has benefits

	beyond therapeutic efficacy in reducing the use of potentially harmful interventions. PFA has value also in that it addresses people's basic needs, concerns and threats to safety.
Define the costs and resource use and any other relevant feasibility issues	Orienting health workers in psychological first aid is not resource intensive (eg ½ day workshop).

Final recommendation(s)

Providing access to support based on the principles of psychological first aid should be considered for people in acute distress exposed recently to a traumatic event.
Strength of recommendation: STANDARD

Update of the literature search – June 2012

In June 2012 the literature search for this scoping question was updated. No new systematic reviews were found to be relevant.